

FAMILY TEMPORARY DISABILITY INSURANCE

Supplement to Final Statement of Reasons

NECESSITY

Section 2706-2

Subdivision (d) (15) Authorization to release claimant's personal information to care recipient's treating physician and to the care recipient.

Three parties, the claimant, the care recipient and the care recipient's treating physician complete the claim form. It is necessary that the claimant's information be shared with the care recipient and treating physician in order to match the care recipient and the care recipient's physician information to the claim records. In order to expedite the payment of benefits to the claimant and avoid unnecessary delay, the claimant's personal information may be shared with the care recipient and physician in the event of an incomplete claim form or when the department requires additional information to process the claim. For example, where the physician's certification may be incomplete, with the claimant's authorization, the department may return the claim form directly to the physician thereby avoiding delay.